

then a lingual plate should be used as the mandibular major connector.

5. Torus

In the mandibular arch, note the presence and position of lingual tori. If the tori are large and positioned where they will interfere with the proper placement of the lingual bar, then the tori should be surgically removed.

In the maxillary arch check for a maxillary torus. Usually the torus can be circumvented by changing the design of the maxillary major connector.

If the torus does not extend to the postpalatal seal area, an anterior-posterior palatal bar major connector may be used.

If the torus extends to the post palatal seal area a U-shaped (horseshoe type) maxillary major connector may be used.

6. Evaluation of the abutment teeth *Caries and remaining tooth structure*

If proximal caries are present, it is preferable to place a gold restoration. If economics prevent this, then an amalgam can be used. The amalgam must be allowed to harden at least 24 hours prior to any recontouring procedures. If the abutment tooth must be splinted to another, then the cusps of the teeth must be included in the restoration. This will prevent a pos-

sible displacement of the restoration during function.

Alveolar support and root configuration

The determination of the root strength of the abutment tooth is largely dependent upon the amount of remaining alveolar bone support and the shape of the root. With the distal extension RPD, the forces placed upon the abutment teeth are greater than those placed upon the abutment teeth of the tooth-borne RPD. Therefore, the abutment teeth for the distal extension RPD require more alveolar bone and a better configuration of the root. The root shapes, in order of preference, are the club shape, rectangular shape and conical shape.

Considered in order of their strength as abutments, teeth are ranked as follows: first, mandibular and maxillary first molars; second, canines; third, mandibular and maxillary second molars.

Generally speaking, if the abutment tooth is a canine or a molar with a rectangular or club-shaped root and the alveolar bone is more than half present, it usually is not necessary to splint the abutment tooth to another tooth. If the abutment tooth is a premolar with a conical shaped root and the alveolar bone is less than three-

quarters present, it is preferable to splint to the adjacent tooth. Regardless of the shape of the root, if alveolar bone is less than half present, it is preferable to splint to the adjacent tooth.

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